

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Pennsylvania
(State)

Case number (if known) _____ Chapter _____

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Bonamour Health Group, LLC

3. Other names you know the debtor has used in the last 8 years

Bonamour Health Group

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN _____

5. Debtor's address

Principal place of business

Mailing address, if different

448 Old Clairton Road
Number Street

Number Street

P.O. Box

Clairton PA 15025
City State ZIP Code

City State ZIP Code

Location of principal assets, if different from principal place of business

Allegheny
County

Number Street

City State ZIP Code

Debtor Bonamour Health Group, LLC Case number (if known) _____
Name

6. Debtor's website (URL) _____

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Bonamour Health Group, LLC
Name

Case number (if known) _____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>GLC On-The-Go, Inc.</u>	<u>Accounts Receivable</u>	\$ <u>217,680.99</u>
	<u>Shifster, LLC d/b/a Eshyft</u>	<u>Staffing Services</u>	\$ <u>\$580,400.83</u> <u>114,617.92</u>
	<u>Herrmann Associates, LLC</u>	<u>Goods & Services</u>	\$ <u>19,888.09</u>
	<u>Print-Tech Copy Service & Office Supply</u>	<u>Goods & Services</u>	\$ <u>29,000.00</u>
		Total of petitioners' claims	\$ <u>846,969.91</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

GLC On-The-Go, Inc.
Name
55 Weston Road, Suite 300
Number Street
Weston Florida 33326
City State ZIP Code

Robert S. Bernstein
Printed name
Bernstein-Burkley, P.C.
Firm name, if any
601 Grant Street, 9th Floor
Number Street
Pittsburgh Pennsylvania 15219
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Lorin Lane
Name
55 Weston Rd Suite 300
Number Street
Weston FL 33326
City State ZIP Code

Contact phone (412) 456-8101 Email rb Bernstein@bernsteinlaw.com
Bar number 34308
State Pennsylvania

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/09/2024
MM / DD / YYYY

President

x [Signature]
Signature of petitioner or representative, including representative's title

x [Signature]
Signature of attorney

Date signed 04/09/2024
MM / DD / YYYY

Doblor Bonamour Health Group, LLC

Case number (if known)

Name and mailing address of petitioner

Shifaler, LLC
Name

4547 Route 9 N, Suite Q
Number Street

Howell New Jersey 07731
City State ZIP Code

Name and mailing address of petitioner's representative, if any
Eli/Elchanon Gelb

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04-09-2024
MM / DD / YYYY

Eli Gelb Director of AR
Signature of petitioner or representative, including representative's title

Brian K. Zolner
Printed name

Hynum Law
Firm name, if any

2809 N. 3rd Street, P.O. Box 6820
Number Street

Harrisburg Pennsylvania 17110
City State ZIP Code

Contact phone (717) 774-1357 Email bzolner@hynumco.com

Bar number 59262

State Pennsylvania

[Signature]
Signature of attorney

Date signed 4/9/2024
MM / DD / YYYY

Name and mailing address of petitioner

Hermann Associates, Inc.
Name

1000 Nobletown Road
Number Street

Pittsburgh PA 15205
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MM / DD / YYYY

[Signature]
Signature of petitioner or representative, including representative's title

Ryan J. Cooney
Printed name

The Cooney Law Offices
Firm name, if any

Benedum Tree Building, 223 Fourth Avenue, Fourth Floor
Number Street

Pittsburgh PA 15222
City State ZIP Code

Contact phone 412-546-1234 Email rcooney@cooneylaw.com

Bar number 319213

State Pennsylvania

[Signature]
Signature of attorney

Date signed MM / DD / YYYY

Debtor Bonameur Health Group, LLC Case number (if known) _____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>GLC On-The-Go, Inc.</u>	<u>Accounts Receivable</u>	<u>\$ 217,890.00</u>
	<u>Shitzer, LLC d/b/a Esprit</u>	<u>Staffing Services</u>	<u>\$ 124,817.00</u>
	<u>Hermann Associates, LLC</u>	<u>Goods & Services</u>	<u>\$ 19,888.00</u>
	<u>PrintTech Copy Service & Office Supply</u>	<u>Goods & Services</u>	<u>\$ 29,000.00</u>
		Total of petitioners' claims	\$ 381,595.00

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

GLC On-The-Go, Inc.
Name
55 Weston Road, Suite 300
Number Street
Weston Florida 33328
City State ZIP Code

Robert S. Bernstein
Printed name
Bernstein-Burkley, P.C.
Firm name, if any
601 Grant Street, 5th Floor
Number Street
Pittsburgh Pennsylvania 15219
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

Contact phone (412) 459-8101 Email rbarnstein@bernsteinlaw.com
Bar number 34395
State Pennsylvania

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MM / DD / YYYY

X

Signature of attorney

X

Signature of petitioner or representative, including representative's title

Date signed

MM / DD / YYYY

Debtor Bonamour Health Group, LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

Shilster, LLC
Name
4547 Route 9 N, Suite Q
Number Street
Howell New Jersey 07731
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Name and mailing address of petitioner

Herrmann Associates, Inc.
Name
1000 Noblestown Road
Number Street
Pittsburgh PA 15205
City State ZIP Code

Name and mailing address of petitioner's representative, if any

DAVID HERRMANN
Name
1000 Noblestown Road
Number Street
Pittsburgh PA 15205
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/09/2024
MM / DD / YYYY

X David Herrmann
Signature of petitioner or representative, including representative's title

Brian K. Zellner
Printed name

Hynum Law
Firm name, if any

2608 N. 3rd Street, P.O. Box 5620
Number Street
Harrisburg Pennsylvania 17110
City State ZIP Code

Contact phone (717) 774-1357 Email bzellner@hynumpc.com

Bar number 59262

State Pennsylvania

X

Signature of attorney

Date signed _____
MM / DD / YYYY

Ryan J. Cooney
Printed name

The Cooney Law Offices
Firm name, if any

Benedum Trees Building, 223 Fourth Avenue, Fourth Floor
Number Street

Pittsburgh PA 15222
City State ZIP Code

Contact phone 412-545-1234 Email rcooney@cooneylawyers.com

Bar number 319213

State Pennsylvania

X Ryan J Cooney
Signature of attorney

Date signed 04/09/2024
MM / DD / YYYY